

the Prussian who fired at random on the crowd on the *Boulevard des Italiens*, Paris, killed two persons and wounded two others, since he is deemed a lunatic will not be tried for murder. Being a foreigner, the French Government will not keep him out of the way of doing more harm, but simply expel him as a dangerous person, and the foreign nation to which he will be sent must look out and deal with him as it sees fit. At one time patients were largely exported to the United States, by Switzerland and France, who had committed minor delinquencies.

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INSANITY FROM CARBONIC-OXIDE POISONING.—Dr. R. Grauck (*Charité-Annalen*, 1883, S. 402) reports a case in which, after carbonic-oxide poisoning, there resulted a dementia with subsequent unsystematized delusions and silly talk. The patient died suddenly, and marked cerebral changes, evidently of a secondary nature, were found on autopsy. A second patient remained for twenty-four hours unconscious after the poisoning. For a month thereafter dementia of the stuporous variety was present. In five months the patient recovered. Moreau (de Tours) has observed similar cases.

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KATATONIA.—This psychosis, first described by Kahlbaum, whose results were corroborated by Hecker, Brosius, Kiernan, Lafenauer, and others, formed the subject of a paper read before the New York Neurological Society by Dr. W. A. Hammond (*New York Medical Journal*, May 5, 1883). He reports the following cases: In one case, a merchant, the first symptom noticed by Dr. Hammond was a condition of exaltation; he entered the office with all the airs of a prince, and answered all questions by repeating in a supercilious way, "And the Lord spake unto Moses, saying." This he repeated during the entire visit. Eight days previously, without any assignable cause, he had passed into a condition of melancholia attonita. By extending his arm at right angles to his side, it was noticed that it remained in that position for thirteen minutes, and then descended slowly to his side. Ophthalmoscopic examination being demanded, the patient would not enter the dark room. Upon endeavoring to carry him there, he at once became as rigid as a bar of iron—his muscles were in a state of extreme tension. This patient displayed one of the symptoms called "verbigeration" by Kahlbaum in a very striking manner on a second visit. He began to speak in a staccato manner—"I-think-I-shall-go-to-the-theatre-to-night-see-Booth-in-Ham-let." On being asked why he spoke in this manner, he said: "Be-cause-I-choose-to-do-as-I-choose-to-do, and that-is-why-I-speak-as-I-choose-to-speak." "But," said Dr. Hammond, "it is a silly way of talking." "I-came-to-you-for-med-ical-advice,-and-not-for-a-les-son-in-elocution." A second case, a young German, exhibited the cataleptoid condition, a tendency to utter high-flown language, and to assume histrionic attitudes, exclaiming at intervals: "My lord, it shall be done!" He had

passed through melancholia before presenting himself. He frequently cried and groaned, said afterward that the reason he did not speak was because he believed it had been decreed that if he uttered a word his mother would instantly die. The third case, a physician, was seen in the stage of melancholia attonita, attended with cataleptoid symptoms. If physical efforts were used, his whole muscular system was thrown into extreme tension. Another case presented much the same symptom. Dr. Hammond says that "katatonia is of rather favorable prognosis. It appears in the first stage, at least, to be a vaso-motor affection characterized by a paralysis of the vascular coats, and by consequent cerebral hyperæmia."

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CLASSIFICATION OF INSANITY.—Kiernan (*Detroit Lancet*, February, 1883) gives the following classification of insanity: primary monomania, which corresponds in part to the systematized insanity and mania raisonnante of the French, the primäre Verrücktheit of the Germans, the imbecility of the first grade of Ray and Nichols, the chronic mania of Lockhart Robertson and some other English authors, the first variety of the third type of Celsus, melancholia in the sense of Burton, Esquirol's monomania and lypemania, the types of insanity included in Krafft-Ebing's psychical degenerative states, Morel's hereditary insanities, Luys' third class, the intellectual insanity of Hammond and Maudsley, and certain cases of chronic mania of the asylum reports. Secondary monomania, which differs from primary monomania in the fact that the former is secondary to morbid conditions affecting the patient's constitution. In it there is a change of character, in the latter there is none. Chronic mania with confusion of ideas, which is a form in which the derangement of the associating power is much more marked; chronic mania with imbecility, which is a combination of primary monomania, with ideas and delusions which bear the same relation to those of the higher types of monomania that ideation of the child does to that of the grown man. Epileptic alienation: the reason for the formation of the types into one class of epileptic alienation is self-obvious. Recurrent insanity, which is called also periodical insanity or mania, recurs at intervals more or less regular, sometimes bearing relation in the female to menstruation. The form is the same in each individual case, and its essential characteristic is periodicity. Circular insanity, which is called also folie circulaire and cyclothymia, is a typically cyclical affection, in which mania and melancholia follow each other in rapid alternation. The melancholic stage is usually in precedence, and the alternation varies considerably in the various types, but is the same for each individual case. Idiocy, which is generally regarded as a condition in which the patient is congenitally mentally affected from teratological defect. Imbecility, which is regarded as one in which pathological defect during uterine life is the cause; strictly